MIKE COFFMAN 6TH DISTRICT, COLORADO

ARMED SERVICES COMMITTEE

VETERANS' AFFAIRS COMMITTEE

OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE CHAIRMAN

BALANCED BUDGET AMENDMENT CAUCUS CHAIRMAN Congress of the United States

House of Representatives

Washington, **DC** 20515-0606

2443 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515 (202) 225-7882

DISTRICT OFFICE: CHERRY CREEK PLACE IV; SUITE 305 3300 SOUTH PARKER ROAD AURORA, CO 80014 (720) 748-7514

MO N.S. HOUSE

July 16, 2015

Committee on Ethics

U.S. House of Representatives

135 Cannon House Office Building

Washington, D.C. 20515

Dear Colleague:

I am submitting the following changes to my 2008, 2009, 2010, 2011, 2012, 2013, and 2014 Financial Disclosure Statement:

- 1. Change Page 1 B. from "No" to "Yes."
- 2. Add on Schedule A
 - a. Block A, Asset and/or Income Source put "PERA."
 - b. Block B, Value of Asset, mark column to denote value "Over \$50,000."
 - c. Block C, mark Other Type of Income and put "Defined Benefit Plan."
 - d. Block D, Amount of Income, mark \$50,000 \$100,000.
- 3. Add on Schedule F
 - a. Under Date put "January 2009."

- b. Under *Parties to Agreement* put "Colorado Public Employees' Retirement Association and Mike Coffman."
- c. Under Terms of Agreement put "Defined Benefit Plan."
- 4. Add on Filer Notes.
 - a. "All of the listed changes will amend my 2008, 2009, 2010, 2011, 2012,2013, and 2014 Financial Disclosure Report."

Sinc#rely,

Mike Coffman

6th Congressional District

Colorado

A. Did you, your spouse, or your dependent child: 2014 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name:_ IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. exchange any securities or reportable real estate in a transaction this report details of such a trust that benefits you, your spouse, or your dependent child? exceeding \$1,000 during the reporting period? EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from REPORT TYPE FILER STATUS b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? X X 2014 Annual (Due: May 15, 2015) U.S. House of Representatives Member of or Candidate for District: State: _ Yes No X 6 Yes Yes No X No × × × Daytime Telephone: 202.225-7ff2 Amendment ₹ **X** For Use by Members, Officers, and Employees F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$375 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? source during the reporting period? Form. Employee Officer or Employing Office: Termination Date of Termination: U.S. HOUSE OF REPRESENTATIVES TECHELATIVE RESOURCE CERT-2015 JUL 16 PM 12: 14 HAND DELIVERED® 1 of 40 (Office Use Only) Yes Yes Yes. Yes ¥es ¥es Yes Š ş Š Ş z ş

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SCHEDULE A -ASSETS & "UNEARNED IN

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Name: Ward woll. Coffice
Page 2 of 10

that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A For an ownership interest in a privately-held business that is not publicly traded, state the name of the that is not publicly traded, state the name of the lits. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" dentify (a) each asset heid for investment or production of income and with a fair market value screeding \$1,000 at the end of the reporting period, and (b) any other reported asset or source of income that generated more than \$200 in "unearned" if you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For rental and other real property held for investment provide a complete address or description, e.g. rental property," and a city and state. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in Provide complete names of stocks and mutual funds (do not use only ticker symbols). nomes and vacation homes (unless there was rental noome during the reporting period); and any financial nterest in, or income delived from, a federal retirement program, including the Thrift Savings Plan. Exclude: Your personal residence, including second he account that exceeds the reporting thresholds. ncome during the year 4 Examples Elmes:com Asset and/or income Source lailed discussion of Schedule , please refer to the instruction booklet Mega Corp. Stock BLOCK A ABC Hedge Fund Simon & Schuster したのま 윽 × *Column № is for assets held by your spouse or dependent child in which you have no interest If an asset was soid during the reporting period and is included only because it generated income, the value should be "None." Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method \$1-\$1,000 æ \$1,001-\$15,000 O \$15,001-\$50,000 0 \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 T \$250,001-\$500,000 c \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 * Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* ≤ a Check all columns that apply. For accounts that Frod generate tax-defended income (such as 401(k), IRA, or mo 529 accounts), you may check the Tax-befored column. Dividende, Interest, and capital gains. In aven if reinvested, must be disclosed as income more than the sesset before the column control of the sesset and in taxable accounts. Check "None" and if the asset generated no income during the reporting get NONE ONIDENDS RENT INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership Royalties Other Type of Income (Specify e.g., Partnership Income or Farm Income) For assets for which you checked "tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Ibriderate, Interest, and capital, gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or None *Column XII is for assets held by your spouse or dependent child in which you have no interest. \$1-\$200 \$201-\$1,000 = \$1,001-\$2,500 ₹ Amount of Income \$2,501-\$5,000 < \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 ≍ \$1,000,001-\$5,000,000 × Over \$5,000,000 ≚ Spouse/DC Asset with Income over \$1,000,000* ≚ exchanges (E) exceeding \$1,000 Indicate if the asset had purchases (P), sales (S), or no transactions that exceeded please indicate as follows: (S (part)). \$1,000. S(part) Leave this column blank if there are If only a portion of in the reporting an asset was sold Transaction S, S(part), or E BLOCKE

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Nicheal H.

Page 2 of 10

SCHEDULE B - TRANSACTIONS

Name: Michael H. Coffres	
Page 4 of 10	

									ランサガ	158 Covernment Security	SP Example Mega Corp. Stock	SP, DC, JT Asset	 Column K is for assets solely held by your spouse or dependent child. 	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	dependent child for investment or the production of income, Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

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						State of Colorado (REDA)	State of Coloredo	Ļ	Keene State State of Maryland	Source (include date of receipt for honoraria)
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						\$ SF 312 70	# 100, 000	\$1,000 N/A	\$6,000 \$18,000	Amount

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child

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					ĺ	Over \$1,000,000* (Spouse/DC Liability)	*	ĺ

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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					Position	ricia in any congress, social, material, or pointed control (con-
					Name of Organization	The state of the s

SCHEDULE F - AGREEMENTS

Name: Without H. Collaco Page 7 of 10

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

			01/2000	Date
	Wiches H. Callago	\sim	Colorado Public Emplacas	Parties to Agreement
			Delined Barelit Plan	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Committee Commit	
Source	Description	Value
Exemple: Mr. Joseph Smith, Arlington, VA		\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

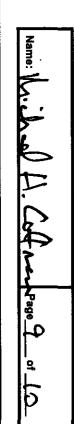
Name: With L
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Page F of LO

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	. ಶಂಭಾಕ	Date(s)	City of Departure — Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	٧	٧	×
Examples.	Habitat for Humanity (charify fundraiser)	War. 3-4	DC-Boston-DC	٧	٧	γ .
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA



Inington, DC		A _ 41		>
Association of American Associations, Washington, DC XYZ Magazine	Source	Activity	Date	Amount
	_	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
				7.00